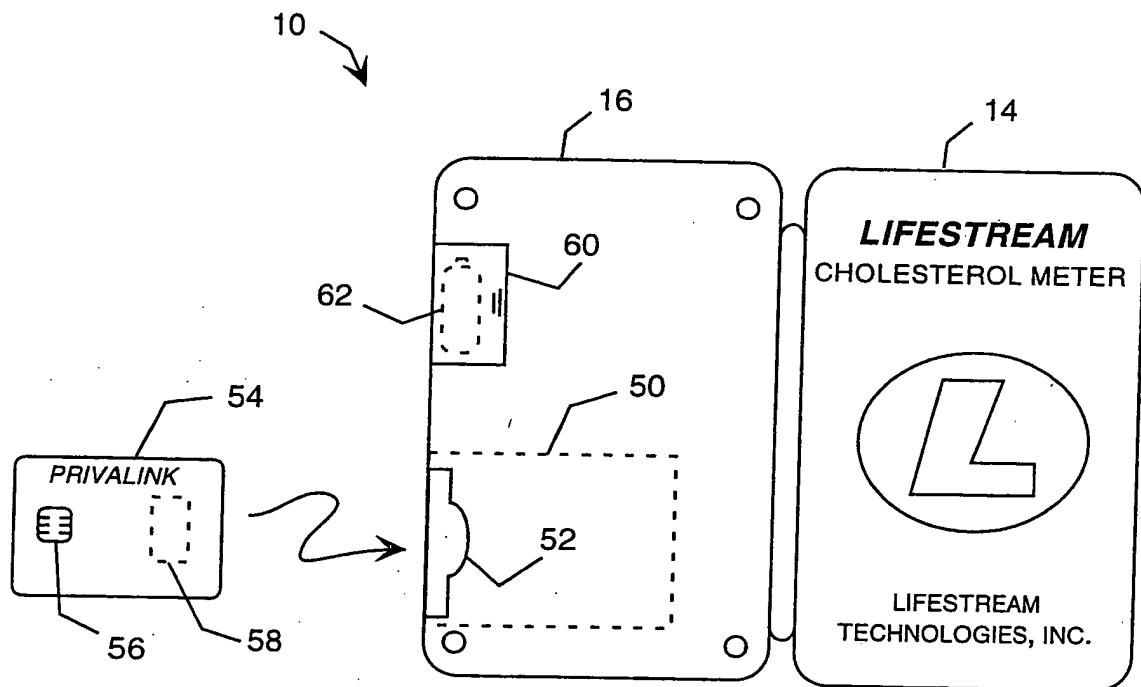
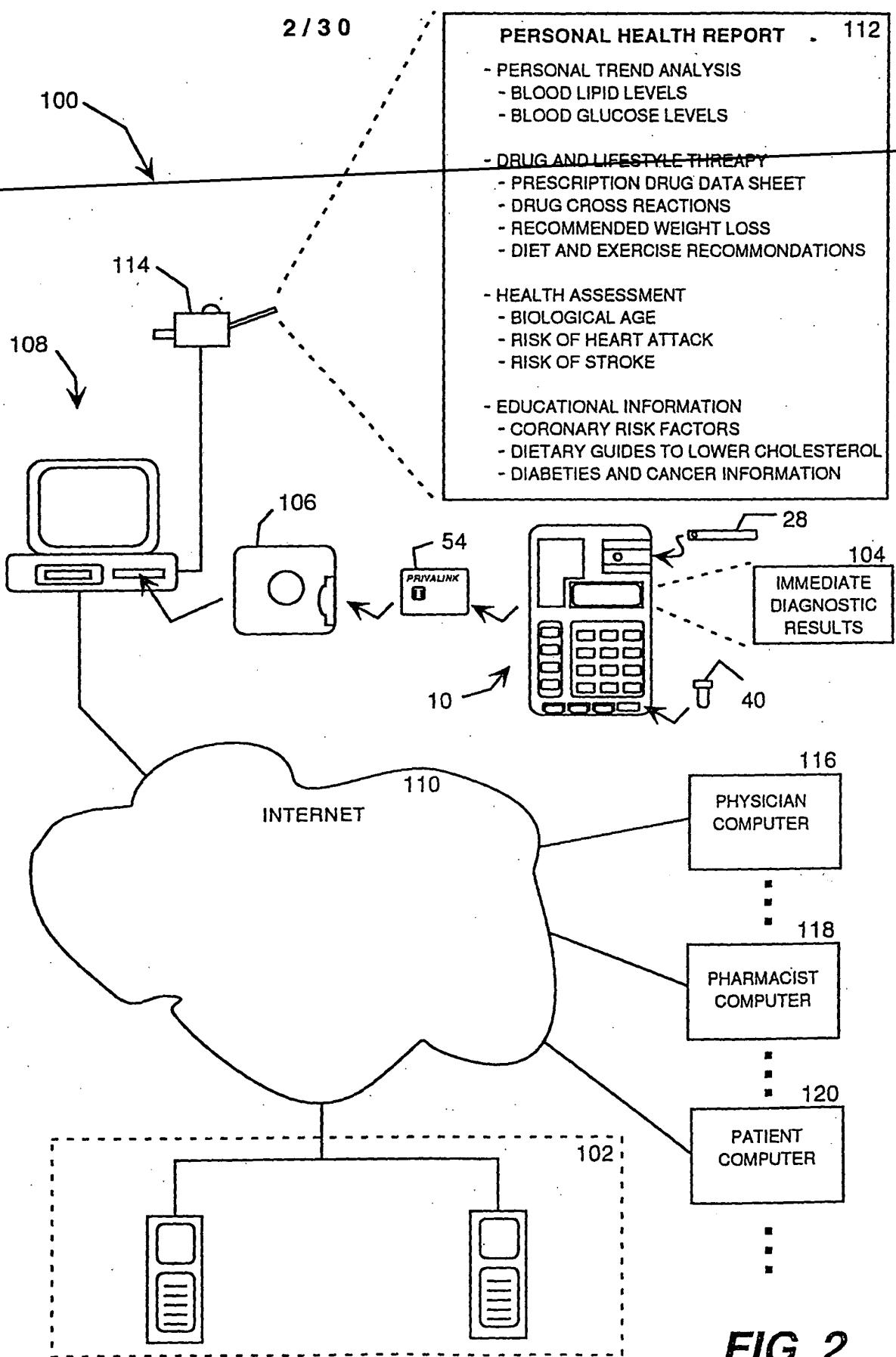
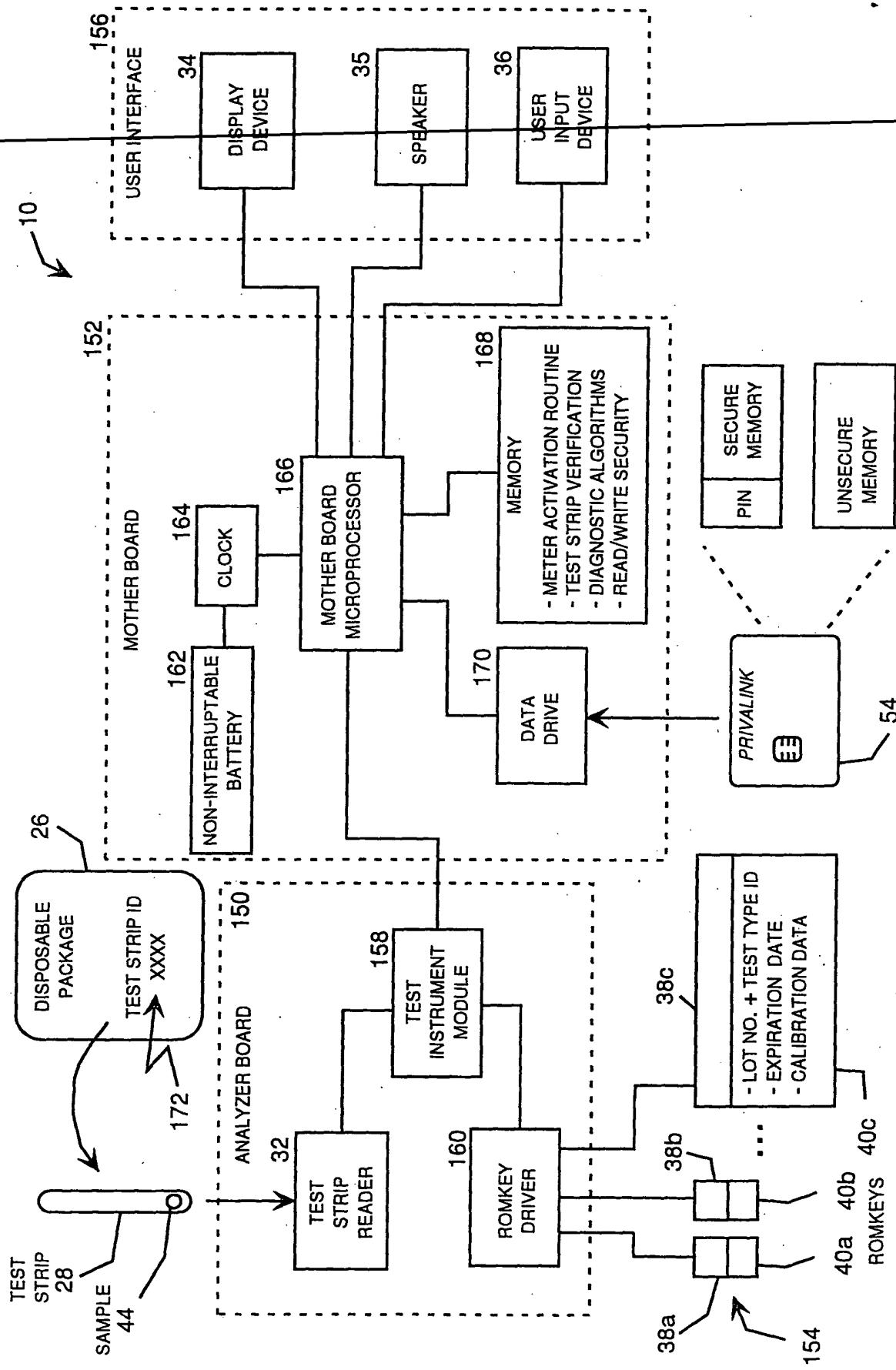


**FIG. 1A**



**FIG. 1B**





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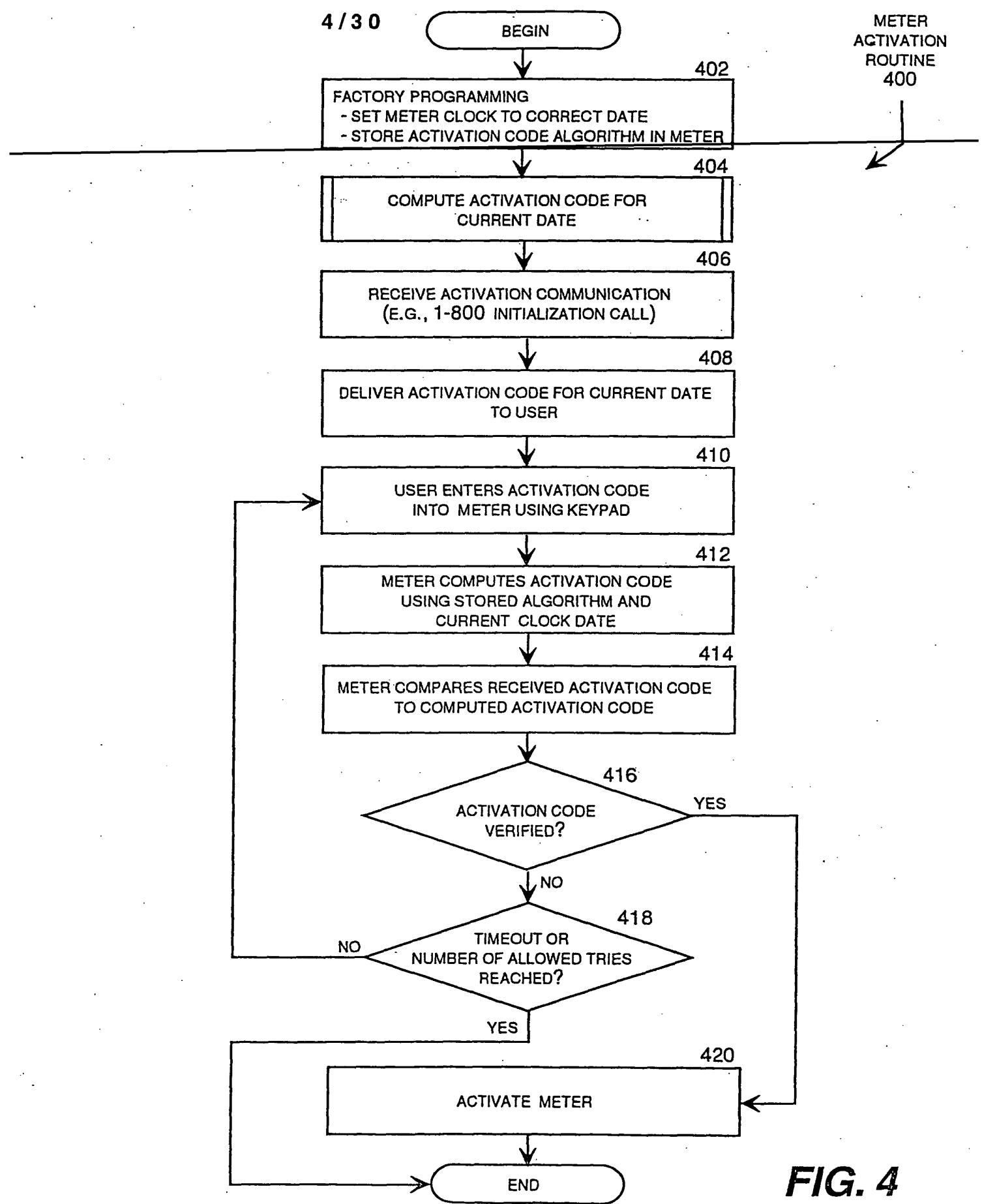
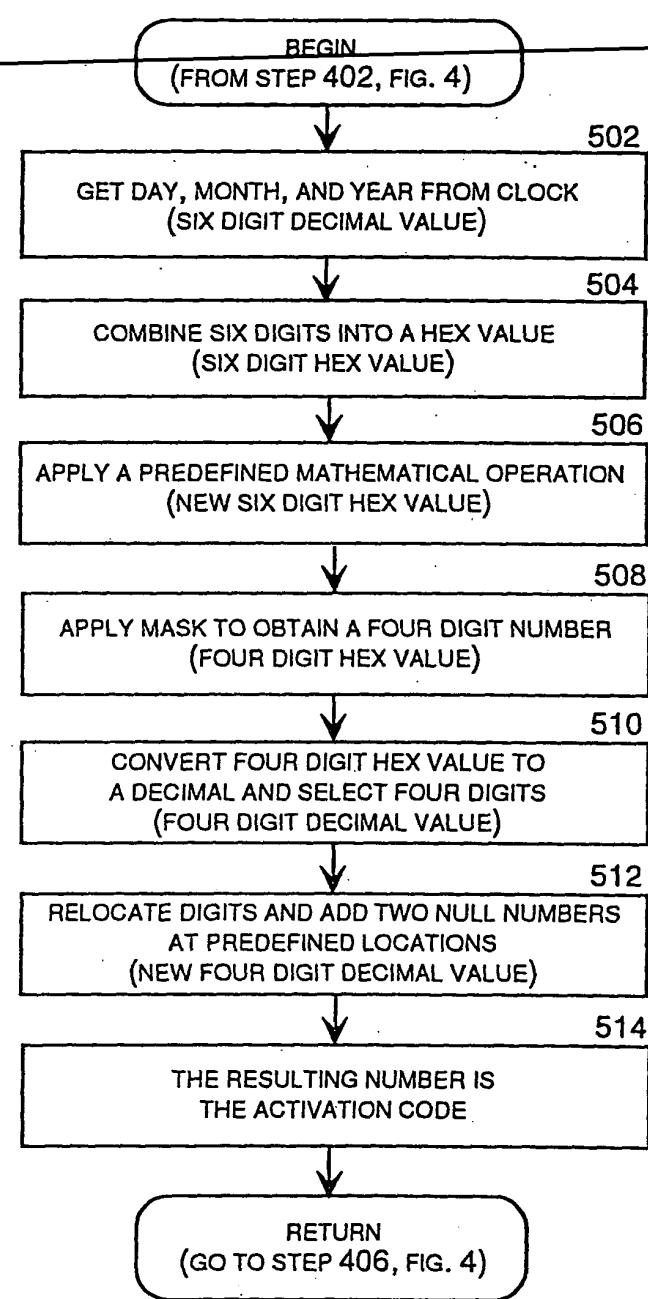
METER  
ACTIVATION  
ROUTINE  
400

FIG. 4

COMPUTE  
ACTIVATION CODE  
ROUTINE  
404

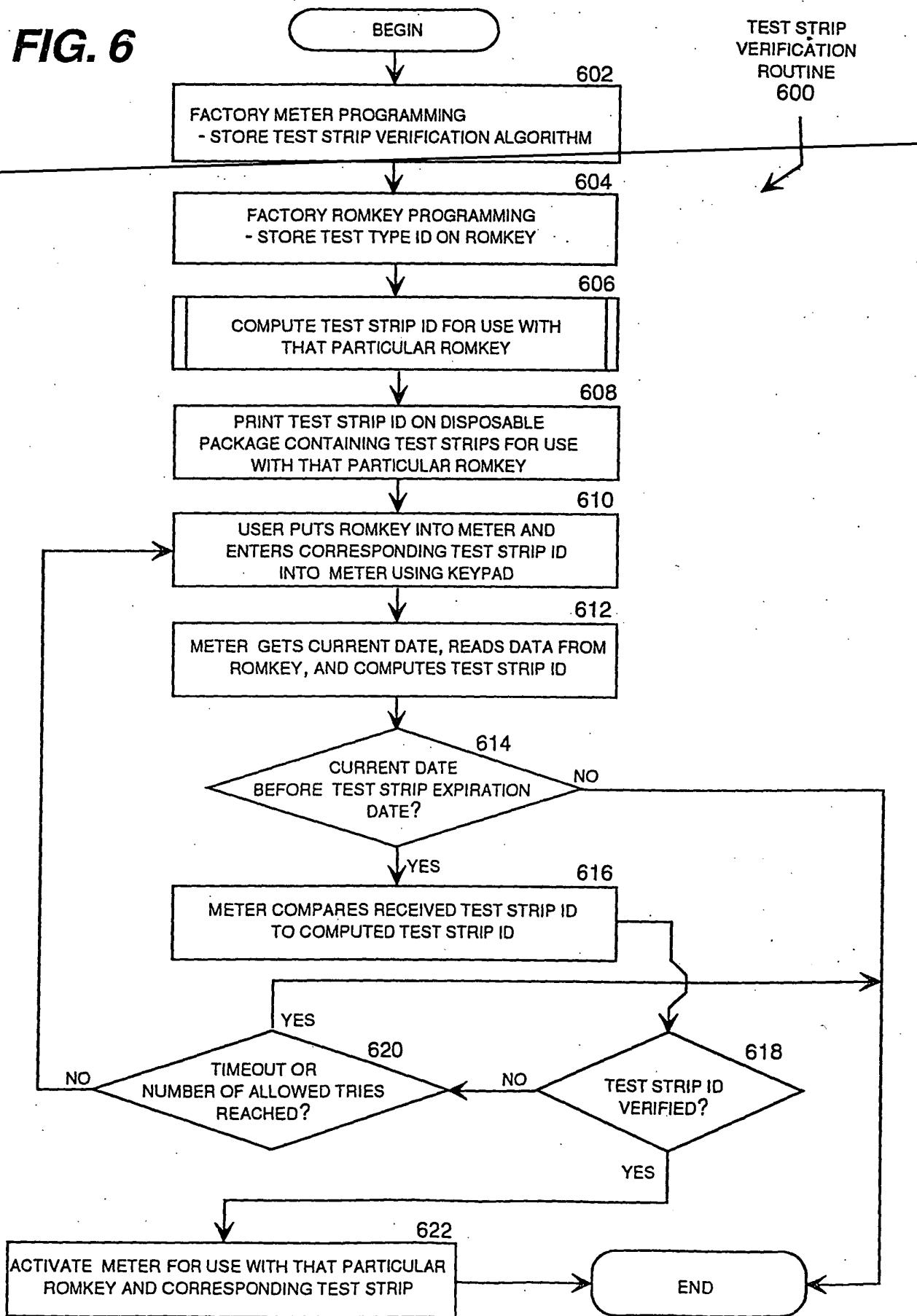
5 / 3 0



**FIG. 5**

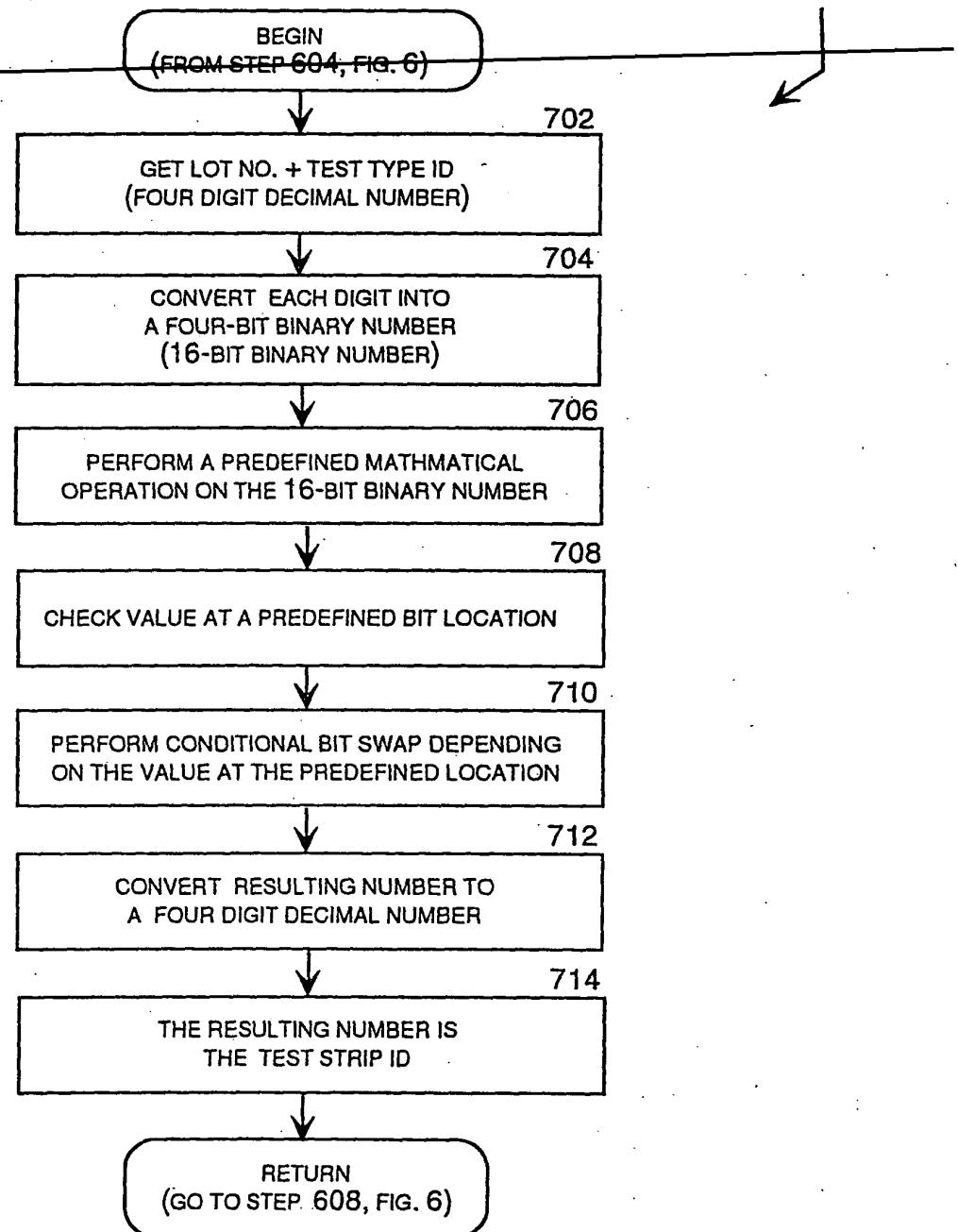
6 / 3 0

**FIG. 6**

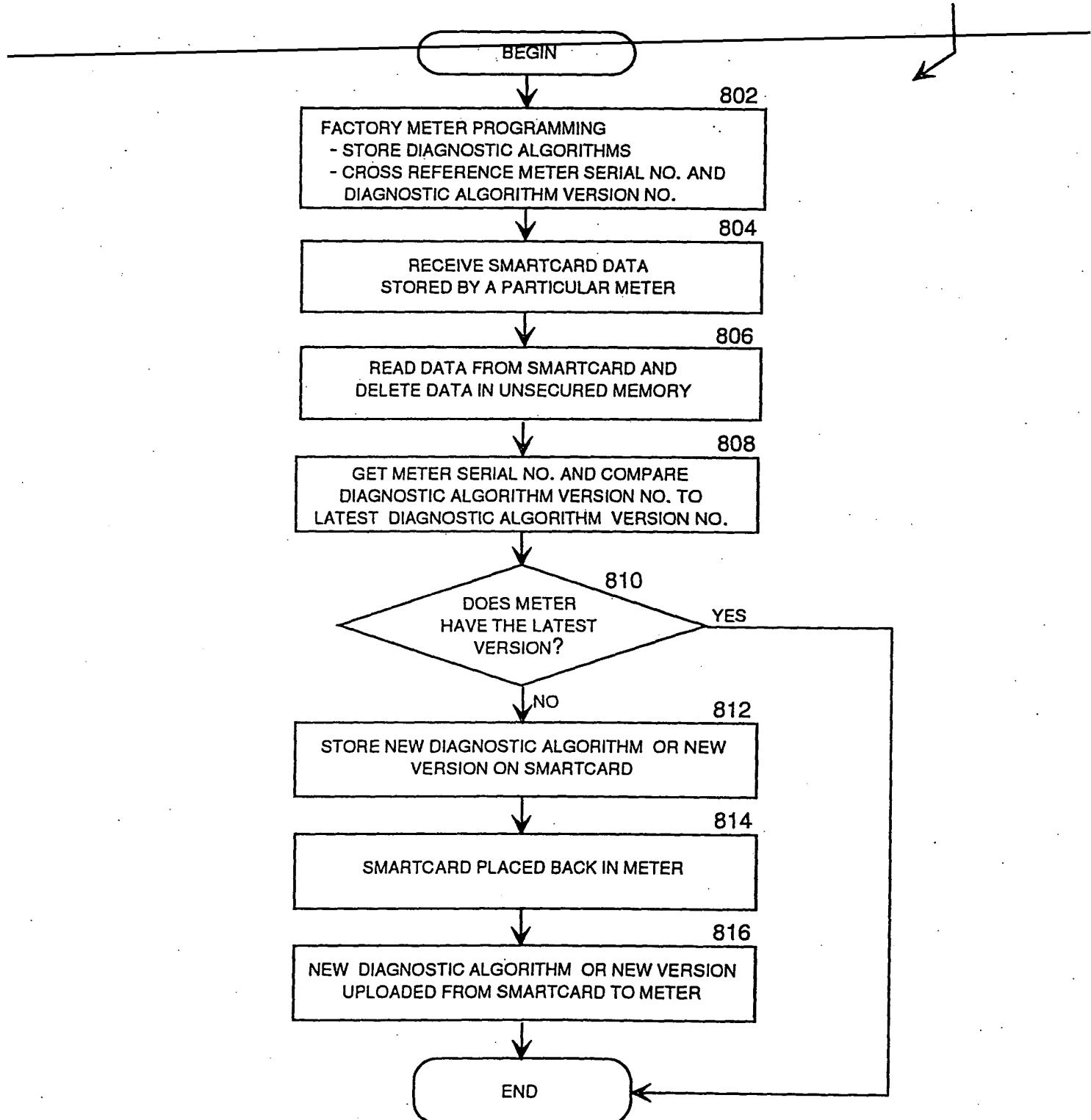


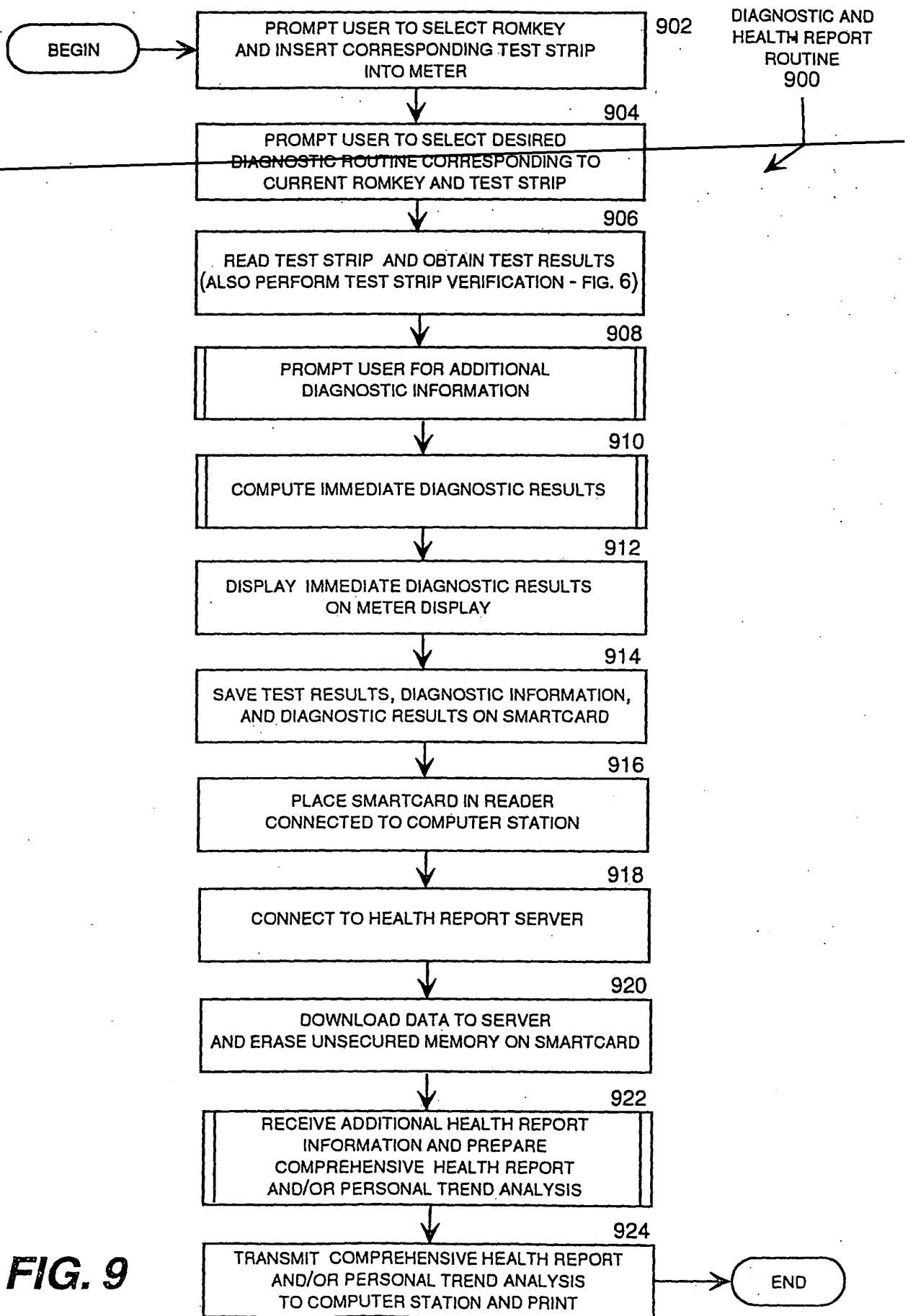
7 / 3 0

COMPUTE  
TEST STRIP ID  
ROUTINE  
606



**FIG. 7**



**FIG. 9**

10/30

BEGIN  
(FROM STEP 906, FIG. 9)

1002

PROMPT FOR AND RECEIVE GENDER

1004

PROMPT FOR AND RECEIVE ETHNICITY

1006

PROMPT FOR AND RECEIVE FAMILY HISTORY  
OF HEART DISEASE

1008

PROMPT FOR AND RECEIVE PERSONAL HISTORY  
OF HEART DISEASE

1010

PROMPT FOR AND RECEIVE DIABETIC TYPE 1

1012

PROMPT FOR AND RECEIVE DIABETIC TYPE 2

1014

PROMPT FOR AND RECEIVE SMOKER

1016

PROMPT FOR AND RECEIVE HEIGHT

1018

PROMPT FOR AND RECEIVE WEIGHT

1020

PROMPT FOR AND RECEIVE AGE

1022

PROMPT FOR AND RECEIVE BLOOD PRESSURE

1024

PROMPT FOR AND RECEIVE FITNESS LEVEL

RETURN  
(GO TO STEP 910, FIG. 9)

EXAMPLE  
CHOLESTEROL  
ROUTINE  
908

FIG. 10

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EXAMPLE  
CHOLESTEROL  
ROUTINE  
910

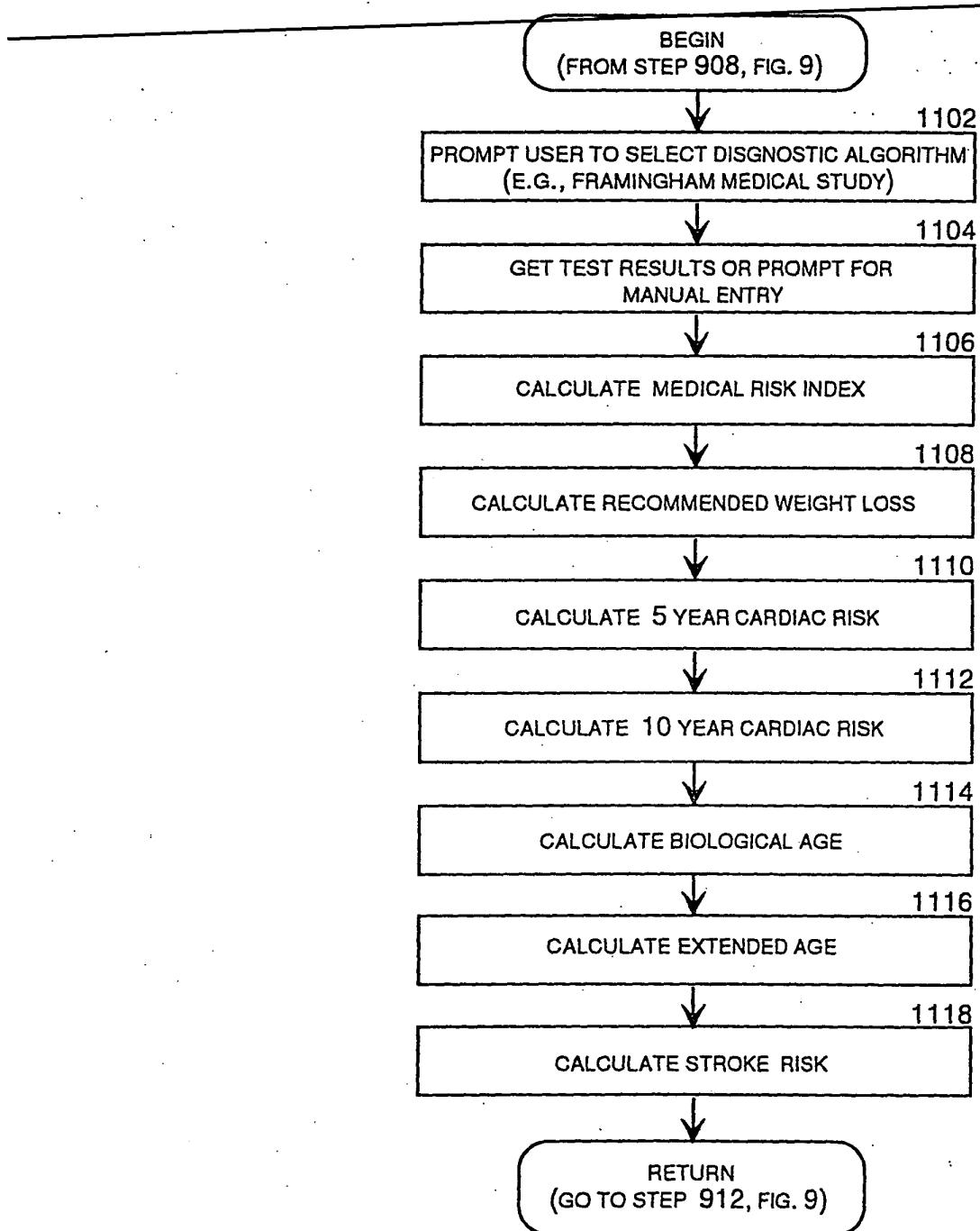


FIG. 11

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EXAMPLE  
CHOLESTEROL  
ROUTINE  
922

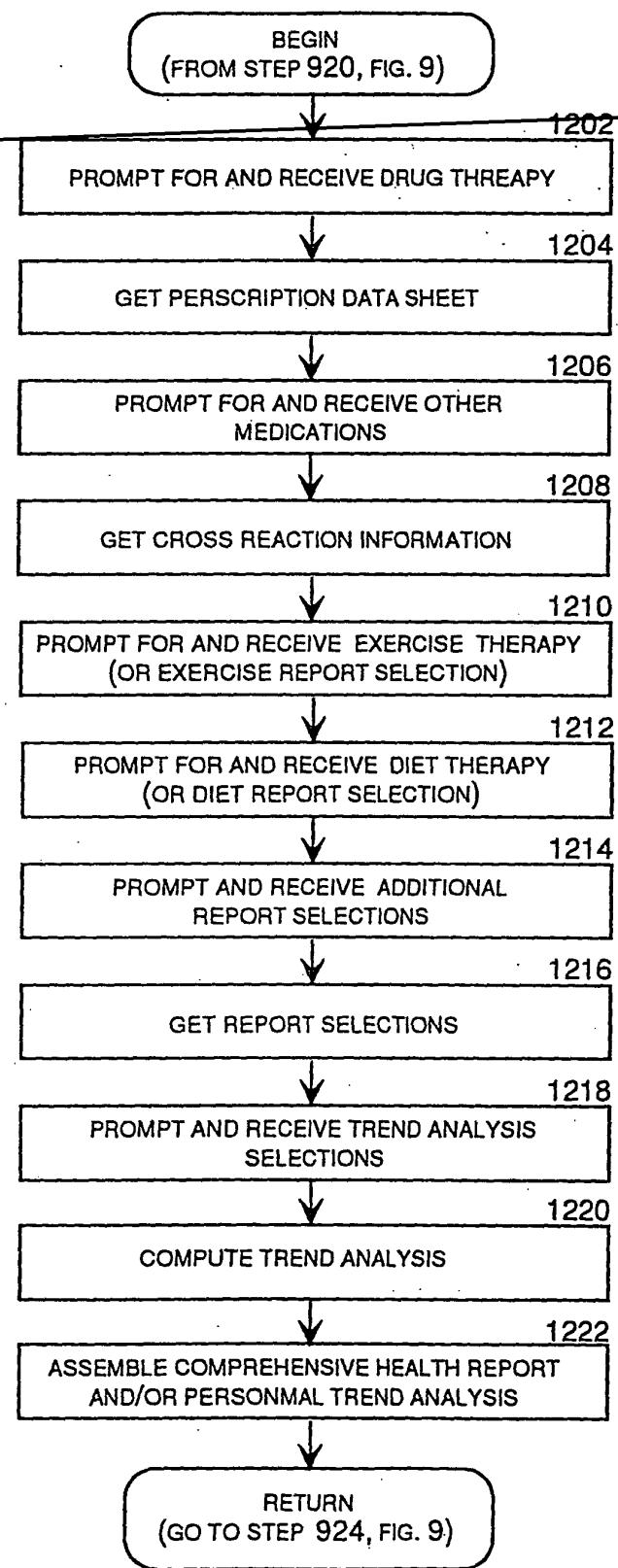


FIG. 12

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READ/WRITE  
SECURITY  
ROUTINE  
1300

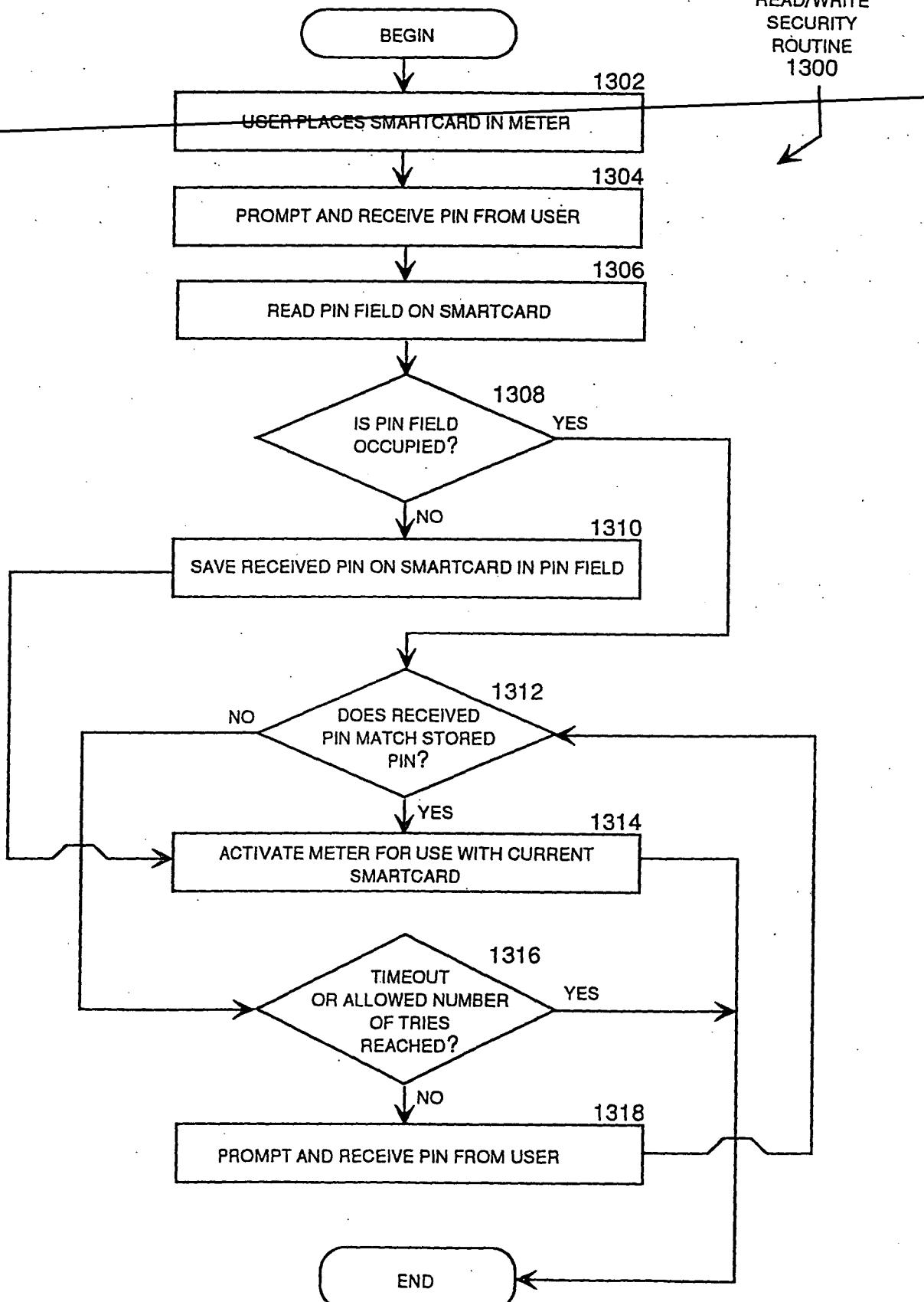


FIG. 13

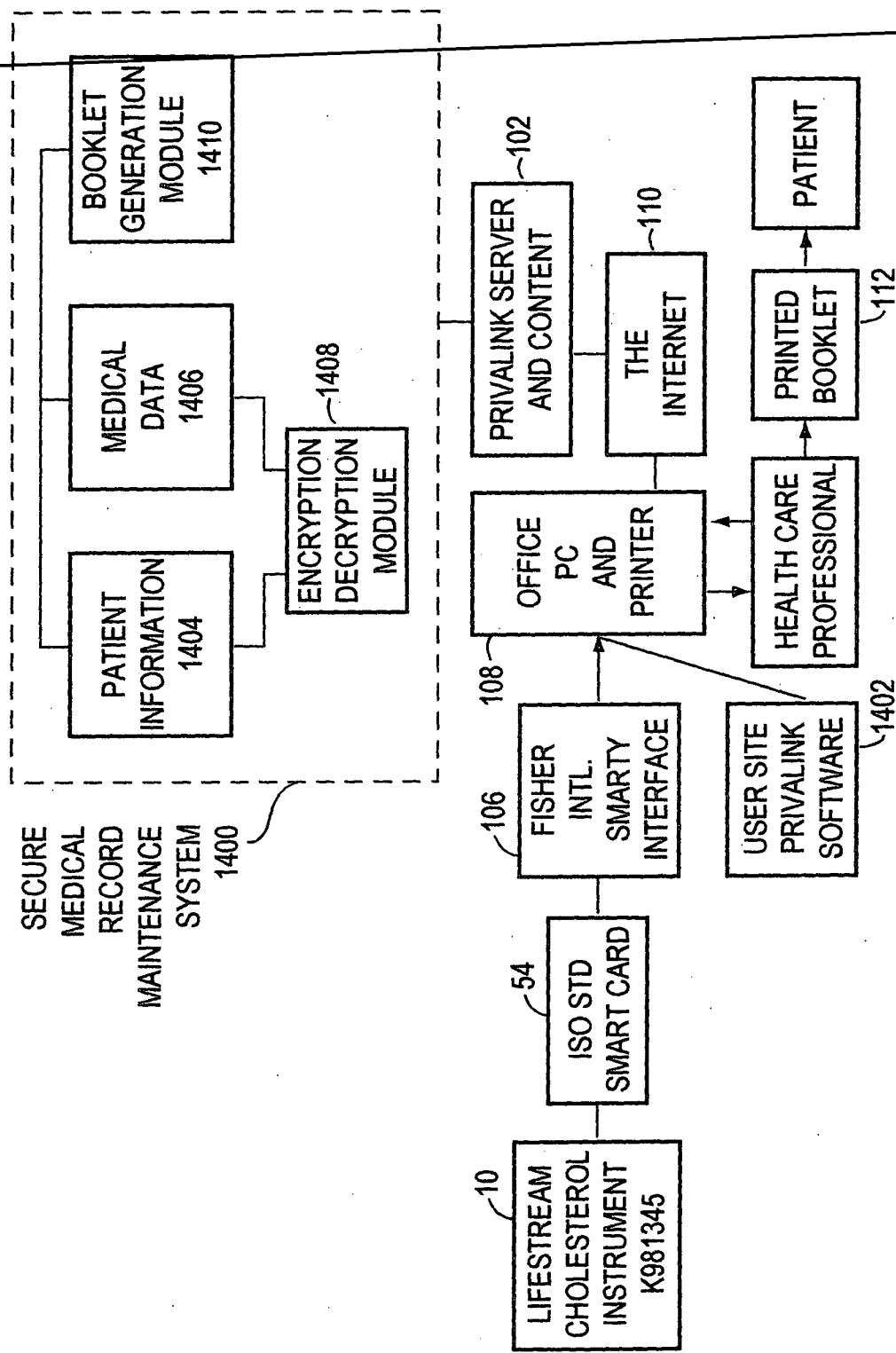


FIG. 14

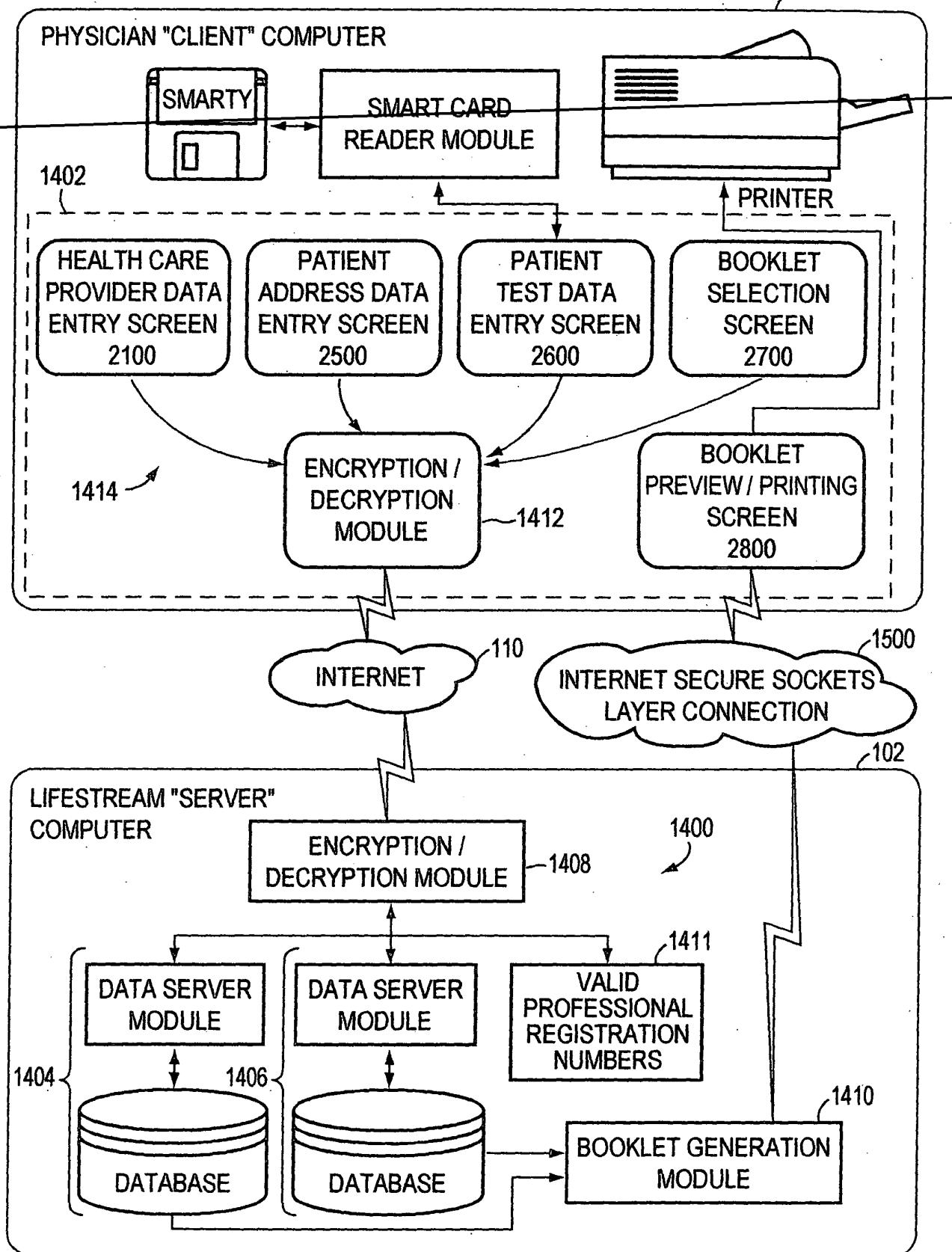


FIG. 15

## GLOBAL SYSTEM HARDWARE PICTORIAL

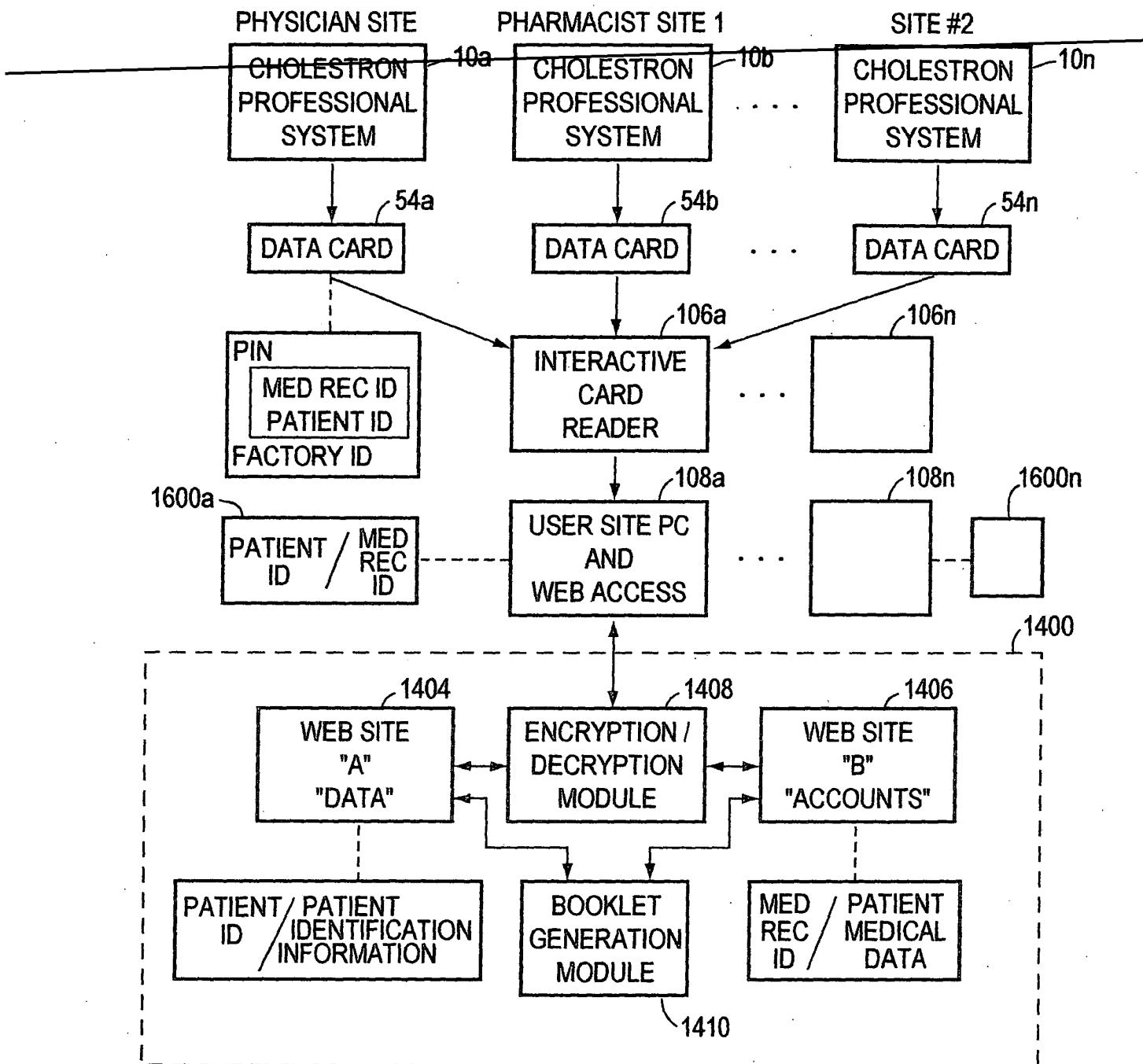


FIG. 16

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CLIENT  
ACCESS  
ROUTINE  
1700

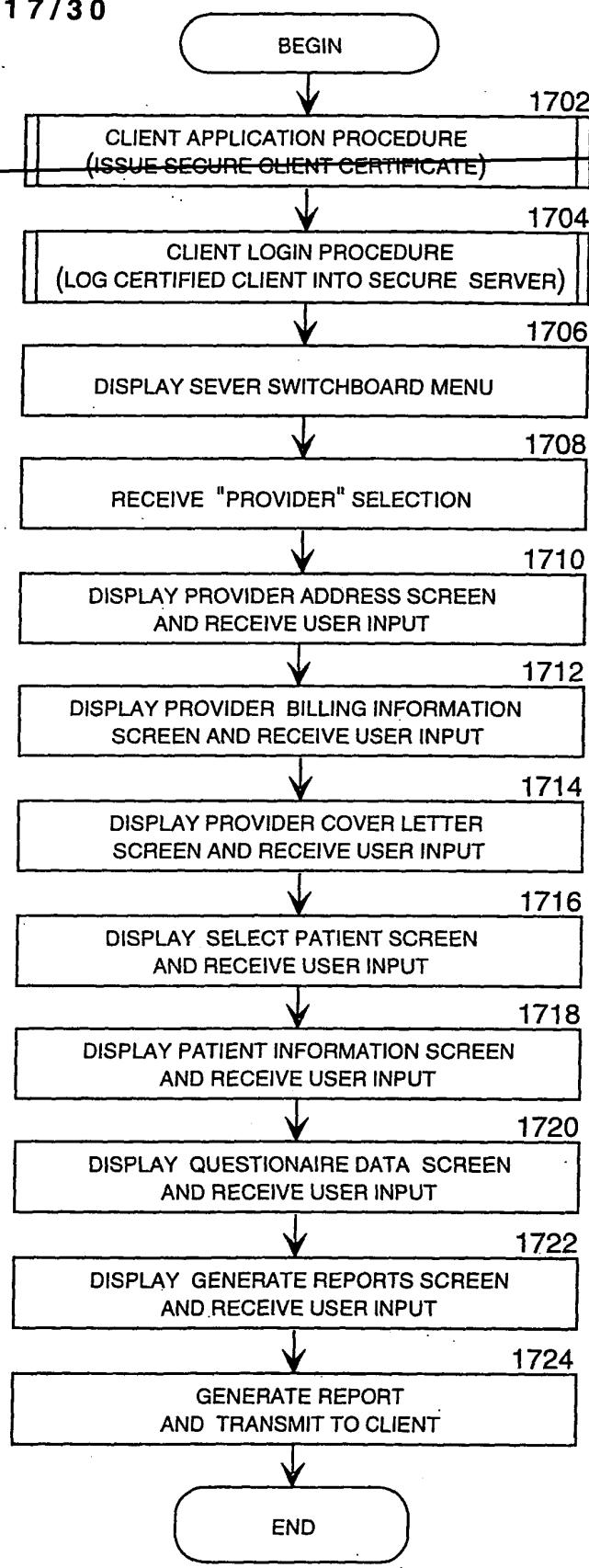
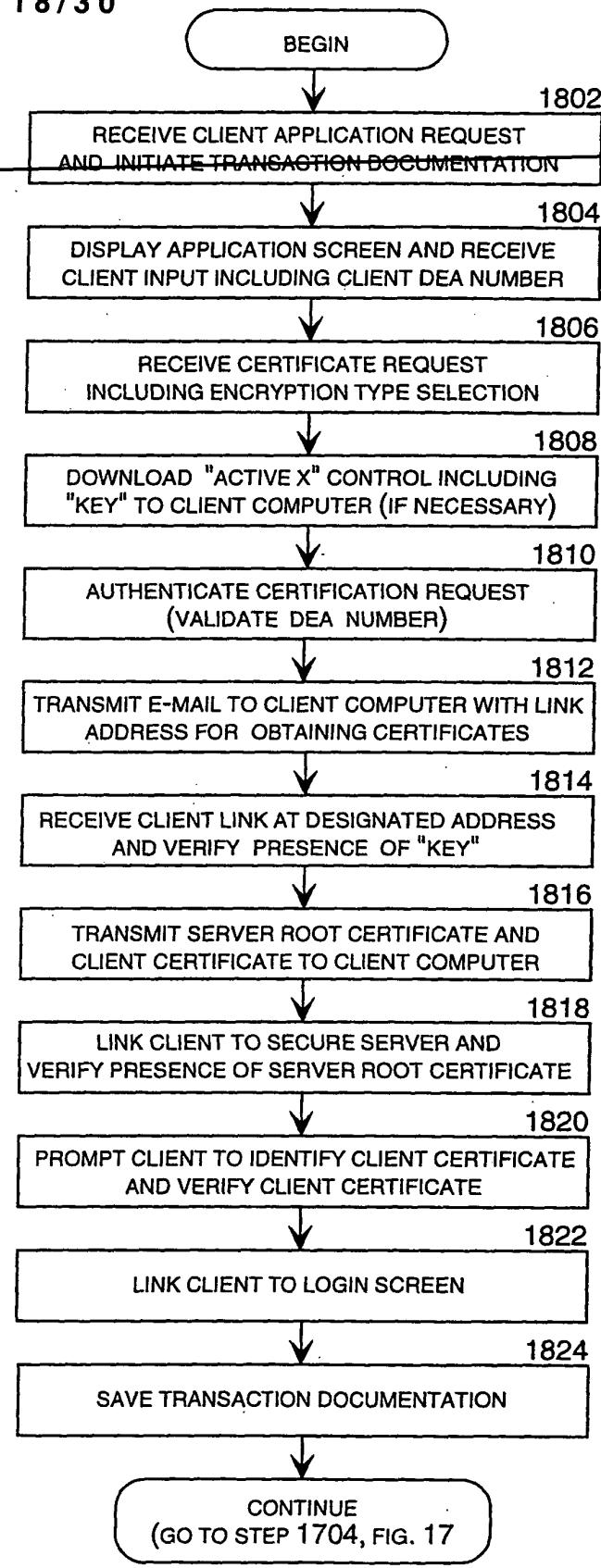


FIG. 17

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CLIENT  
APPLICATION  
ROUTINE  
1702



**FIG. 18**

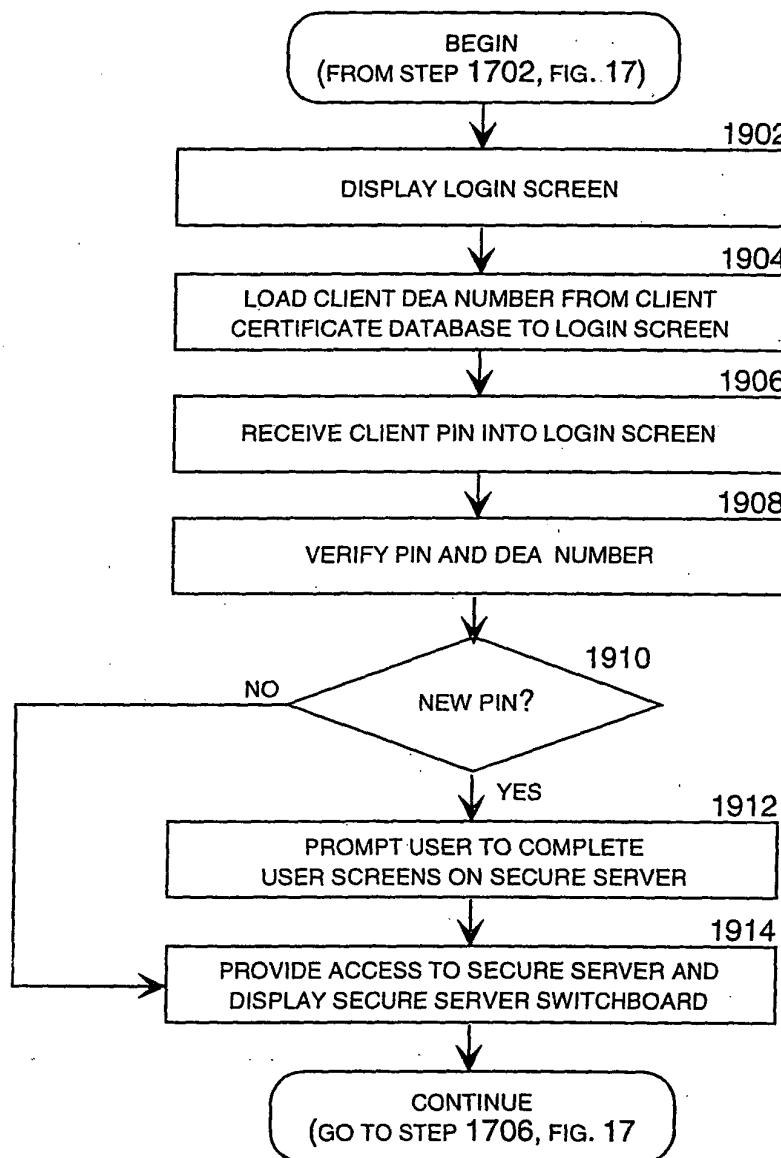


FIG. 19

20/30

INITIAL INPUT SELECTION

2002

2004

2000

Provider

Patients

Programs

Online PDR

Abstracts

FIG. 20

BILLING MODULE

2102      2106      2108      2110      2104      2100

Address	Billing Info	Cover Letter	
Account			
Provider Number		PIN	
XX1234567		****	
Name			
Title	First	Last	Degree
	Lifestream	Technologies	
Address			
Street Address			
510 Clearwater Loop			
Suite 101			
City	State/Region	Postal Code	
Post Falls	ID	83854	
Country	United States		
Other			
Phone	Fax		
(208) 457-9409	(509) 457-9509		
Birthdate	E-mail		
1/1/60	sales@lifestreamtech.com		

1.0.3.4

Add      Modify      Delete

Notes

Save

FIG. 21

21/30

2108

2200

2202

Address

Billing Method

Credit Card Information

Credit Card Number  Expiration Date

Name on card

Checking Account Information

Checking Account  Routing Number

FIG. 22

22/30

2110

Address Billing Info Cover Letter

From the Office of Lifestream Technologies  
510 Clearwater Loop, Suite 101, Post Falls, Idaho 83854  
Phone: (208) 457-9409 Fax: (208) 457-9509

~Data~

~Pt.Name~

~Pt.Address~

~Pt.City~, ~Pt.State~ ~Pt.Zip~

Dear ~Pt.FirstName~,

 Editor

 Save

FIG. 23

23/30

2400

1.0.253

Select an existing patient or add a new patient

Select Existing Patient

Add New Patient

Administrative

FIG. 24

24/30

2500

+

+

**Patient Information**

Account	File Number 123	Entry Date 11/24/98	Other			
Name	First Jill	Last Smith	Phone (509) 555-1212	Fax		
Address	Street Address 110 Main	City Spokane	State/Region WA	Postal Code 99201	Birthdate 1/1/50	Gender <input type="radio"/> Male <input checked="" type="radio"/> Female
Country	United States	Language	<input checked="" type="checkbox"/> Include on Mailing List			
					Notes	
<input type="button" value="Save"/>						
<input type="button" value="Previous"/>						<input type="button" value="Next"/>

FIG. 25

25/30

2600

+

Questionnaire Data

Patient	File Number	First	Last	Test Time Stamp
	123	Jill	Smith	12/8/98 10:16:01AM

Risk Components

Family History	<input checked="" type="checkbox"/>	Height	68	inches	Glucose	0	mg/dl
Personal History	<input type="checkbox"/>	Weight	165	pounds	Body Fat	24	%
CVD	<input type="checkbox"/>	Age	48	Years	Systolic	140	
AF	<input type="checkbox"/>	Chol	215	mg/dl	Diastolic	80	
LVH	<input type="checkbox"/>	Tng	0	mg/dl	Fitness	Sedentary	
Diabetes Type 1	<input type="checkbox"/>	LDL	0	mg/dl	Ethnicity	Caucasian	
Diabetes Type 2	<input type="checkbox"/>	HDL	0	mg/dl	Gender		
Smoker	<input checked="" type="checkbox"/>				<input type="radio"/> Male	<input checked="" type="radio"/> Female	

Record 1 of 1



 Read SmartCard  Save

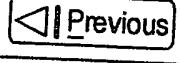
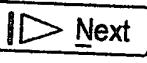
 Previous  Next

FIG. 26

+

26/30

2700

+

Generate Reports

Current Test	First	Last	Test Time Stamp
File Number	Jill	Smith	12/8/98 10:16:01AM
<input checked="" type="checkbox"/> Full Program	Lifestyle Therapy		Lipid Drug
<input checked="" type="checkbox"/> Cover Letter	None	None	None
<input checked="" type="checkbox"/> Summary	NCEP		
<input checked="" type="checkbox"/> Evaluation			
<input checked="" type="checkbox"/> Receipt			

+

FIG. 27

27/30

2802

	CORONARY RISK FACTORS	TEST RESULTS	IDEAL RANGE	GOALS
	GENDER	MALE		
IDEAL	PERSONAL HISTORY	NO	NONE	
IDEAL	FAMILY HISTORY	NO	NONE	
	CVD	NO		
	AF	NO		
	LVH	NO		
MODERATE	DIABETES (TYPE 1)	YES	NONE	
HIGH	SMOKER	YES	NO	
	HEIGHT	66 in		
	WEIGHT	155 lbs		
	AGE	44		
MODERATE	TOTAL CHOLESTEROL	211	< 200	
	TRIGLYCERIDES	200		
	HDL	N/A	45-65	
	LDL	N/A	65-135	
	GLUCOSE	N/A		
IDEAL	PERCENTAGE OF BODY FAT	N/A	18%	
IDEAL	BP SYSTOLIC	115	< 120	
LOW	BP DIASTOLIC	80	< 80	
LOW	FITNESS	MODERATE	HIGH	

2804

PERSONAL HEALTH CONSEQUENCES		
BODY MASS INDEX (BMI)	25	< 25
POUNDS OVERWEIGHT	0	0
CHOLESTEROL/HDL RATIO	N/A:1	< 3.5:1
CARDIAC RISK	5 YEARS - 5%	10 YEARS - 10%
BIOLOGICAL AGE	47	< 44
STROKE RISK	10 YEARS - LOW RISK	

2806

## EXTENDED HEALTH ASSESSMENT SUMMARY

CHRONOLOGICAL AGE	30	40	50	60	70
CARDIAC AGE	N/A	N/A	52	62	69

FIG. 28

28/30

2900

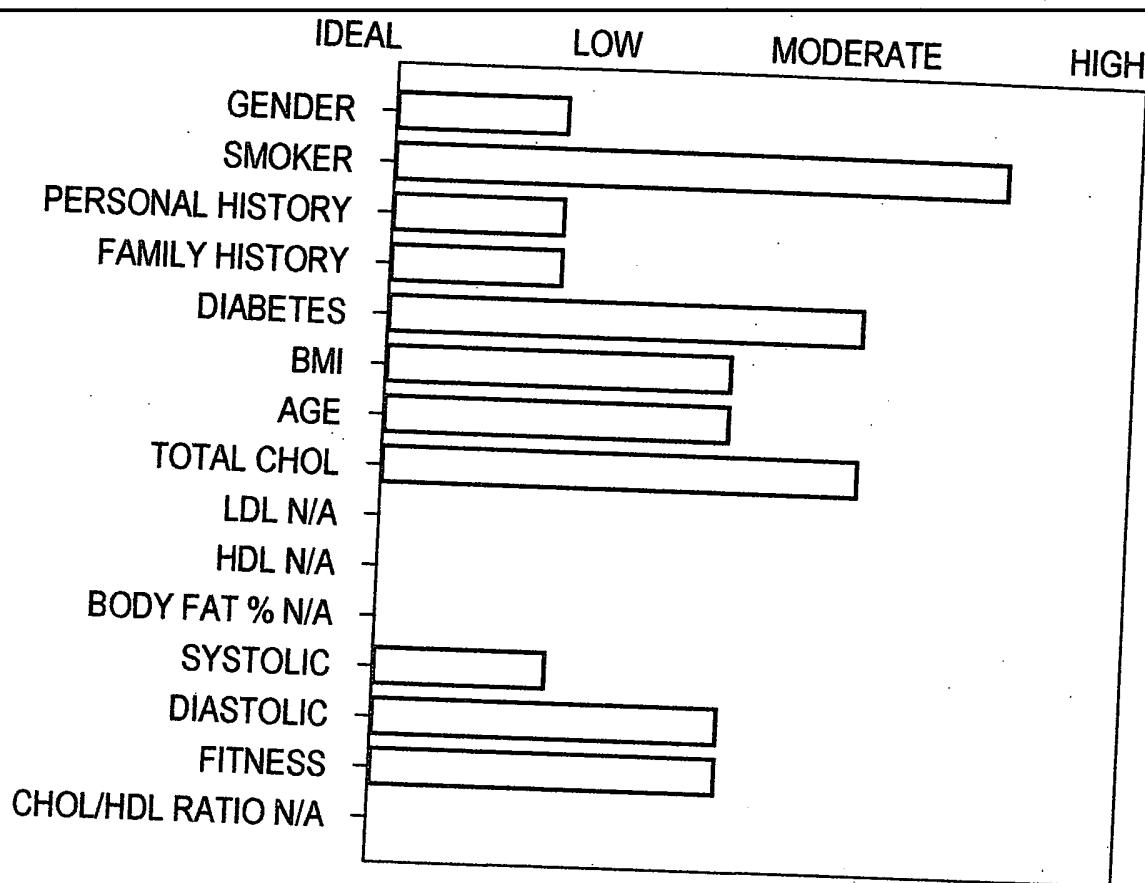


FIG. 29

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ADD MONETARY VALUE  
TO DEBIT CARD  
ROUTINE  
3000

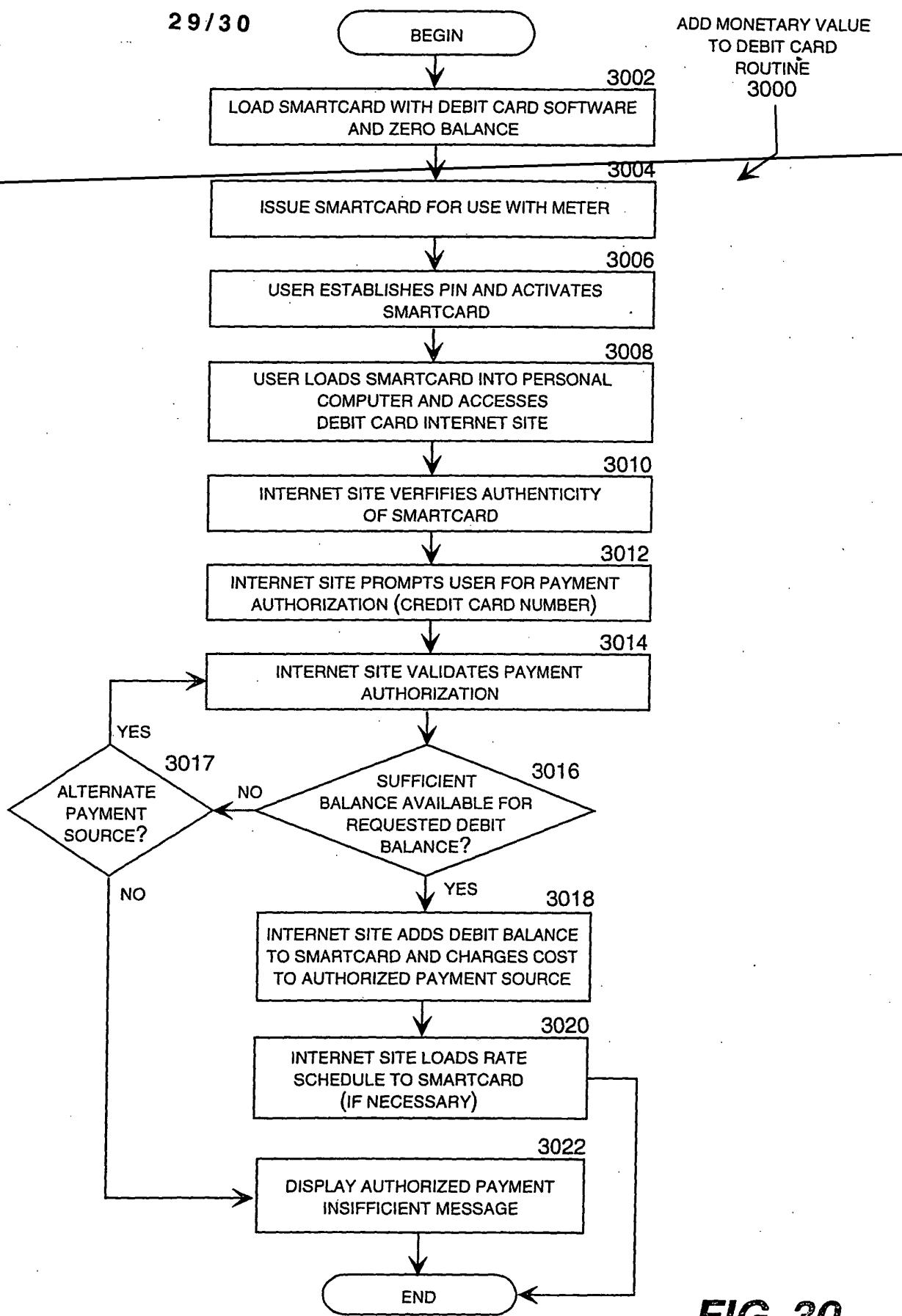


FIG. 30

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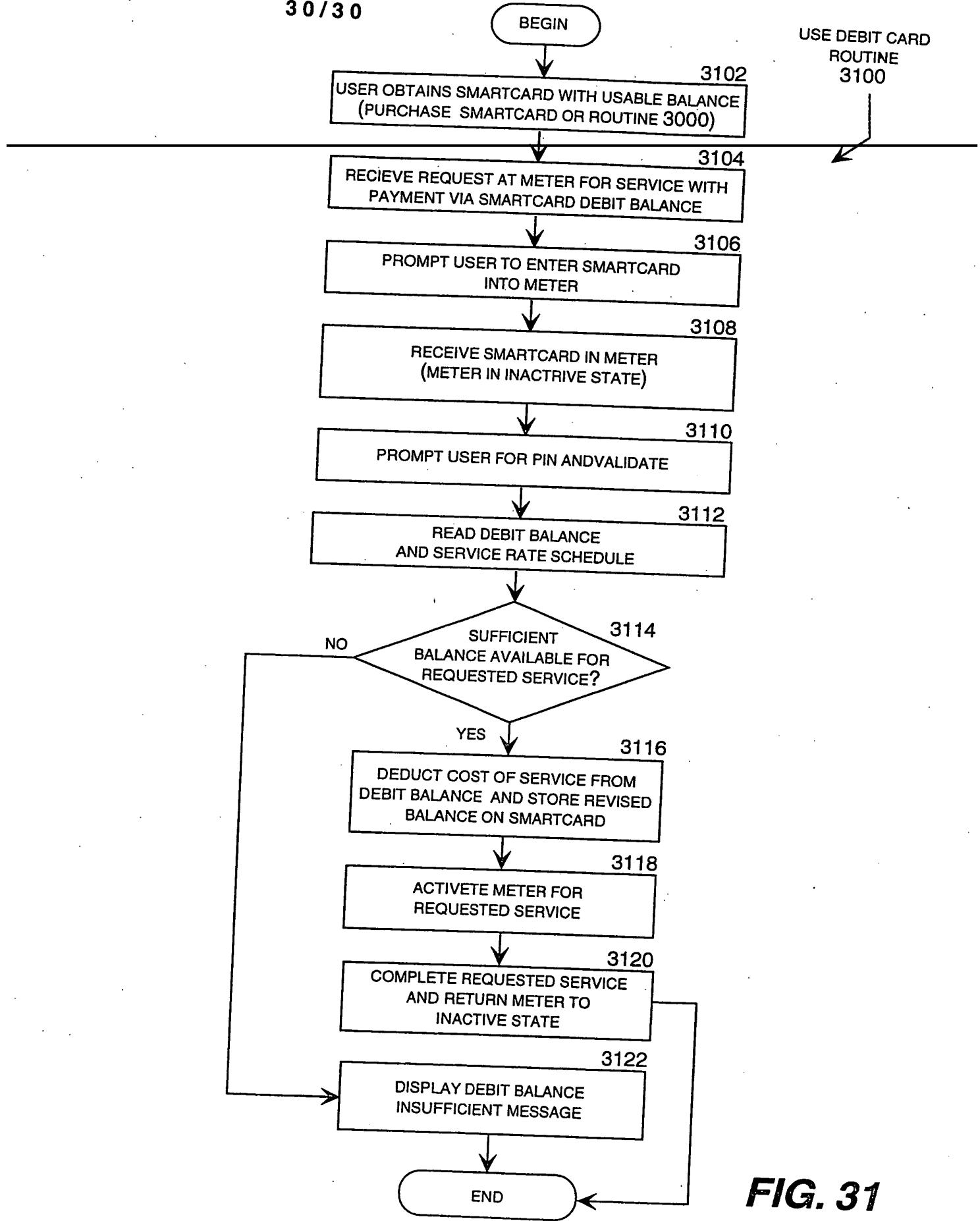


FIG. 31